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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: August 4, 2006
Pages: 18 pages (including this cover sheet)

MESSAGE:

**LATTICE-BASED UNSUPERVISED MAXIMUM LIKELIHOOD LINEAR REGRESSION
FOR SPEAKER ADAPTATION**

Application No. 09/670,251

Examiner M. Lerner

Art Unit 2654

Amendment Transmittal

Petition and Fee for Extension of Time

Amendment

YOR920000390US1

(590.023)

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Amendment Transmittal

AUG 04 2006

Atty. Docket No. YOR920000390US1
(590.023)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Padmanabhan et al.
Serial No. : 09/670,251 Examiner : M. Lerner
Filed : September 26, 2000 Group Art Unit : 2654
For : LATTICE-BASED UNSUPERVISED MAXIMUM LIKELIHOOD
LINEAR REGRESSION FOR SPEAKER ADAPTATION

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on August 4, 2006 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person transmitting paper or fee)


(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

 Atty. Docket No. YOR920000390US1
 (590.023)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY		OR	x	OTHER THAN A SMALL ENTITY	
				RATE	FEE			RATE	FEE
Total Claims	19	** 20	= * 0	x \$25	=	OR	x	\$50	=
Ind. Claims	3	*** 3	= * 0	x \$100	=	OR	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	OR	+	\$360	=
				TOTAL	= \$	OR		TOTAL	= \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By


 Stanley D. Ference III
 Reg. No. 33,879
Dated: August 4, 2006

Mailing Address:

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Page 2 of 2